

## APOLLO HEALTHCARE ASSOCIATES LLC NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Apollo Healthcare Associates understands your privacy is important. To provide all patients standard privacy protections, the United States government created rules under the 1996 Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires all clinics and hospitals to provide patients a Notice of Privacy Practices.

### Uses and Disclosures of Your Protected Health Information

This Privacy Notice describes how Apollo Healthcare Associates may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. Your rights to control your protected health information are also provided. This notice applies to all of the records of your care generated by Apollo Healthcare Associates. Examples of protected health information include the records of your visits, test results, treatment plans, demographic and billing related information that may identify you and that relate to your past, present or future physical or mental health condition or payment.

**Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, schedulers who are involved in taking care of you. We may also disclose medical information about you for coordination of your medical care such as hospitals, long-term care facilities, ambulatory surgery centers or home health agencies and for providing you things you may need such as prescriptions, lab work, and x-rays.

**Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Care Operations:** We will use and share your health information in day-to-day business practices, evaluation of practice healthcare delivery effectiveness, and communication with you when necessary. Your private information is entered into our computer system that processes most billing, schedules your appointments and for statistical reporting. We also may send you appointment reminders, information about treatment options or other health-related benefits and services. When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail. Information in your health record may be used to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. When possible we may remove information that identifies you from this set of health information to protect your privacy. This information may be shared by facsimile transmission.

**Business Associates:** There are some services provided in our organization through business associates. When these services are contracted, we may disclose your health information to our business associates so that they

can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

**Communication with Individuals Involved in Your Care:** We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. We may also notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care of your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

**Health Information Exchange/Regional Health Information Organization:** Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.

**As Required or Permitted by Law:** We may disclose health information without your written authorization as allowed by law. Those circumstances include: investigations related to a missing child; reporting a crime; responding to a court order, search warrant, or subpoena; reporting suspected abuse, neglect, or domestic violence of children, adults, or disabled persons; law enforcement purposes, administrative investigations, and judicial and administrative proceedings; preventing or reducing a serious threat to anyone's health or safety; public health purposes including vital statistics, disease reporting, public health surveillance; helping with product recalls and reporting adverse reactions to medications; investigations, interventions, and regulation of health professionals; workers' compensation claims. We may also use and disclose health information for the following types of entities, including but not limited to: Food and Drug Administration; Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability; Correctional Institutions; Workers Compensation; Organ and Tissue Donation Organizations; Coroners, Medical Examiners and Funeral Directors; Health Oversight Agencies; Military Command Authorities; National Security and Intelligence Agencies; Protective Services for the President and Others.

**Research:** The use of health information is important to develop new knowledge and improve medical care. You may be contacted to participate in a research study that follows all federal and state requirements to protect your privacy.

**Fundraising:** We may provide you information about community fundraising opportunities.

**Authorization Required:** Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. We use an Authorization to Use/Disclose form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. If you allow us to use or disclose your health information, you may revoke that authorization, in writing, at any time. We will then no longer use or disclose the health information about you as covered by your written request. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

## **We never market or sell personal information.**

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right To:**

**Request Confidential Communications:** You have the right to be assured that your information will be kept confidential. You may request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask us to contact you at your home or office or to send mail to a different address. We will honor all reasonable requests; however, if you fail to respond to a communication from us that requires a response, we reserve the right to contact you by other means and at other locations.

**Request Restrictions:** You have the right to request a limitation or restriction on the health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or our operations (and not treatment purposes). We will say “yes” unless a law requires us to share that information.

**Choose Who Can Receive Your Information:** You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Obtain a Copy of Your Medical Record:** You have the right to see or obtain an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. We may say “no” to your request, but we’ll tell you why in writing within 60 days. We cannot change information that was not created by us, is not protected health information, or is accurate and complete. You have the right to request an amendment for as long as the information is kept by us. Any request for an amendment must be sent in.

**Request an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required. You can ask for the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for: those made or authorized by you; to individuals involved with your care; disclosures made to carry out treatment, payment, and health care operations; to family members or friends involved in your care; disclosures for public health; disclosures to health professional regulatory purposes; and disclosures to report abuse of children, adults, or disabled; and for notifications required by law (including disclosures for law enforcement, national security or intelligence purposes). This does include disclosures made for responses to court orders, subpoenas, or warrants. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Receive a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**Changes to the Terms of this Notice:** We reserve the right to change the terms of this notice, and the changes will apply to all information we already have about you as well as any information we receive in the future. Should our Privacy Practices change significantly, the new notice will be available upon request, in our office, and on our web site.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint by contacting us at 321-409-6100. You may also file a complaint in writing with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

*You will not be penalized for filing a complaint.*

**This Notice of Privacy Practices is effective December 15, 2015.**